



# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

Filed this 3 day of May, 20 21  
Document # \_\_\_\_\_  
Fee paid: ☐ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NEIGHBORHOOD COUNCIL 4 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): RICHARD D. ASHLEY

Mailing Address 4231 7TH AVE NORTH City and State GREAT FALLS Zip Code 59405

Residence Address 4231 7TH AVE NORTH City and State GREAT FALLS Zip Code 59405

County of Residence CASCADE Contact Phone 770-9025 Email Address DEANASHLEY77@GMAIL.COM Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Richard D. Ashley  
Signature of Candidate

5/3/21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Broadwater

Signed and sworn to before me this 3 day of May, 20 21 by Richard D. Ashley  
Printed Name of Candidate

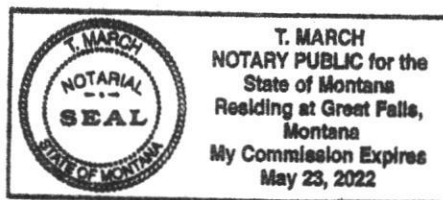
T. March  
Signature of Notary or Public Official

## Where to file Federal, Statewide, State District and Legislative offices:

Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

## Where to file County, City and most Local District offices:

County Election Office  
A list of county election offices may be found at: [sosmt.gov/elections](http://sosmt.gov/elections)



[SEAL/STAMP]

Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20 \_\_\_\_\_

J. MARSH  
 Notary Public for the  
 State of Michigan  
 My Comm. Expires  
 May 22, 2022





# Declaration for Nomination and Oath of Candidacy

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By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council #4 ☐ \_\_\_\_\_ OR ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Susan Ashley

Mailing Address 4231 7 Ave No City and State Great Falls MT Zip Code 59405

Residence Address 4231 7 Ave No City and State Great Falls MT Zip Code 59405

County of Residence Cascade Contact Phone 406-350-3122 Email Address nas455m@yahoo.com Website Address \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

**I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.**

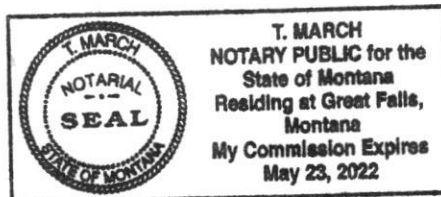
Susan Ashley Signature of Candidate Date 5-3-21

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade  
County of \_\_\_\_\_  
Signed and sworn to before me this 3 day of May, 2021 by Susan Ashley  
Printed Name of Candidate  
T. March Signature of Notary or Public Official

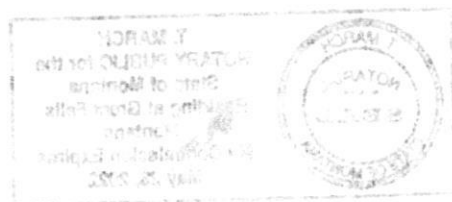
**Where to file Federal, Statewide, State District and Legislative offices:**  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6<sup>th</sup> Ave  
2<sup>nd</sup> Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](https://sosmt.gov/elections/filing/)  
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[SEAL/STAMP]

Printed Name of Notary Public \_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_, 20\_\_\_\_





# Declaration for Nomination and Oath of Candidacy

RECEIVED  
MAY 26 2021

FOR FILING  
OFFICE ONLY

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # \_\_\_\_\_  
Fee Paid: ☐ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council #4 ☐ \_\_\_\_\_ ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Sandra Guynn  
Mailing Address: PO Box 7047 Great Falls 59406  
Street or PO Box City Zip  
Residence Address: 3624 9th Ave. South Great Falls 59405  
Street City Zip  
County of Residence: Cascade Home/Mobile Phone: 406-836-7081 Work Phone: 406-453-4662  
Email Address: GUYNNG@gmail.com Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Sandra Guynn  
Signature of Candidate

5/25/2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Cascade

Signed and sworn to before me this 25th day of May, 2021 by Sandra Guynn  
Printed Name of Candidate

Marie D Meade  
Signature of Notary or Public Official

Marie D Meade  
Printed Name of Notary Public

Notary Public for the State of Montana

Residing at: Great Falls, MT

My commission expires: 1-31, 2022

Where to file for Federal, Statewide,  
State District and Legislative offices:

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](http://sos.mt.gov)  
By Fax: 406-444-2023

Where to file for County, City and  
most Local District offices:  
County Election Office

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be found at: [sos.mt.gov/elections](http://sos.mt.gov/elections)



MARIE D. MEADE  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls,  
Montana  
My Commission Expires  
January 31, 2022